

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
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23	/					
24		/				
25	/					
26		/				
27		/				
28		/				
29		2				
30		2				
31		2				
32		2				
33		2				
34	/					
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44		/				
45	/					
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	10	↓		↓		↓
TOTAL DEP.	45	↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52	/	/				
53	/	/				
54	/	/				
55		/				
56		/				
57	/	/				
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95						
96						
97						
98						
99						
100						
TOTAL IND.	6	↓	16	↓		↓
TOTAL DEP.	13	↓	58	↓		↓
TOTAL CLAIMS			74			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS